



**Albany Police Department**  
**Crime Prevention/ Community Relations Unit**  
**Community Outreach Request Form**  
**201 W. Oglethorpe Blvd.**  
**Albany, GA 31707**  
**229-431-2100**

Event Date: \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_

Name of Organization requesting service: \_\_\_\_\_

Event Address/Location of requested service: \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Other contact (\_\_\_\_) \_\_\_\_\_

**TYPE OF SERVICE REQUESTED**

☐ Group Meeting/Teaching ☐ Safety seminar ☐ Brochures ☐ Outdoor Event

**DETAILED DESCRIPTION OF REQUEST**

Is this a fund raising event? ☐ Yes ☐ No Is the event open to the public? ☐ Yes ☐ No

Number of people expected to attend: \_\_\_\_\_

Age groups ☐ Pre-school ☐ Elementary ☐ Youth/Teens ☐ Adults ☐ Seniors

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send the completed form to the above address or email to [TerBrown@albanyga.gov](mailto:TerBrown@albanyga.gov) for review.

*A minimum of two to three (2-3) weeks notice is required*

For Office Use Only

Reviewing Supervisor: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_